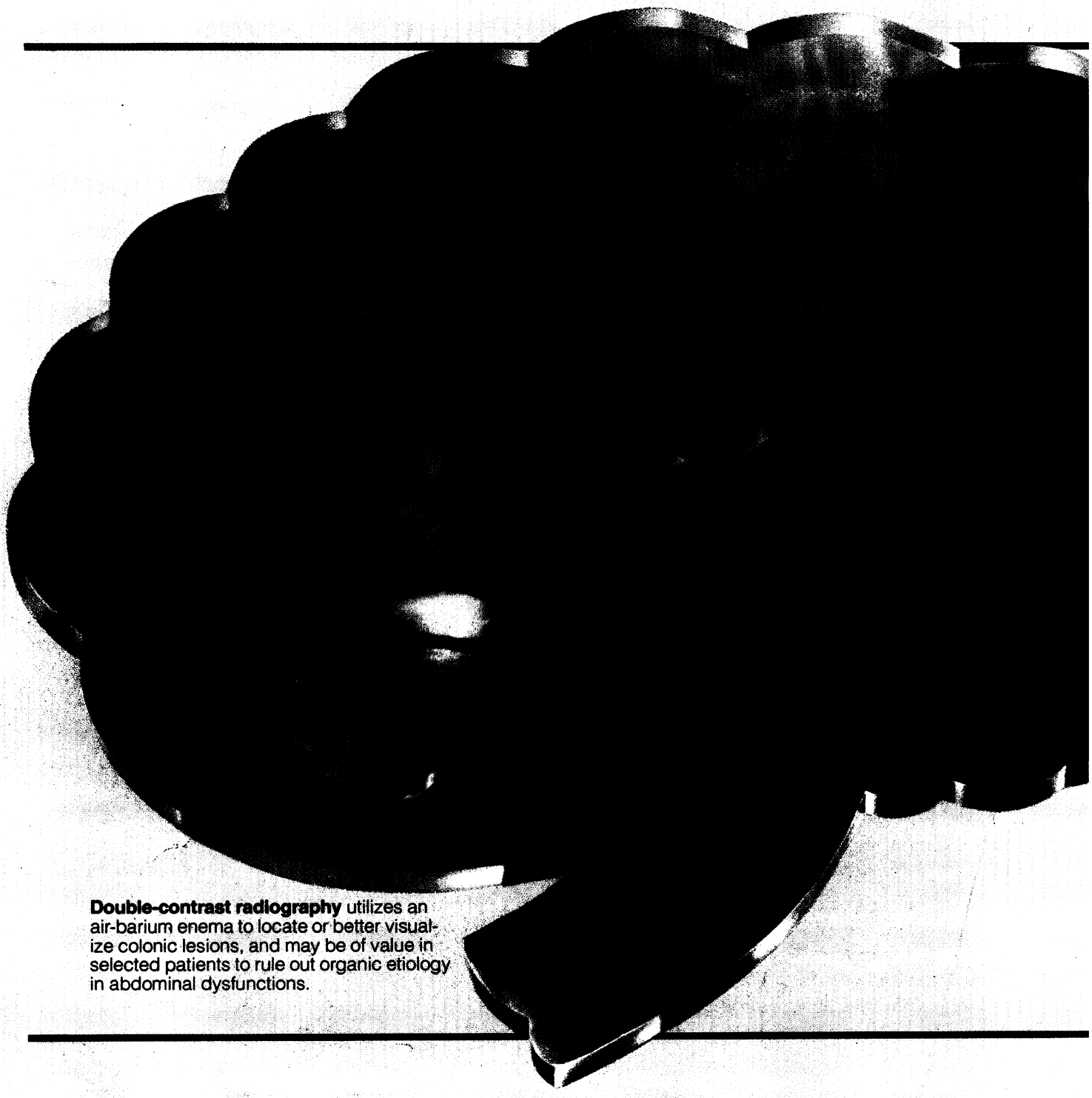
THE LOWER G.I. TRACT: ORGANICALLY SOUND



Double-contrast radiography utilizes an air-barium enema to locate or better visualize colonic lesions, and may be of value in selected patients to rule out organic etiology in abdominal dysfunctions.

...BUT OVERSENSITIVE TO EMOTIONAL STRESS

IN IRRITABLE BOWEL SYNDROME* LIBRAX PROVIDES DISTINCTIVE ADVANTAGES

- the specific antianxiety action of LIBRIUM®(chlordiazepoxide HCl)
- the potent antispasmodic action of QUARZAN®(clidinium Br)

Adjunctive

LIBRAX®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

A clear advantage for patients with irritable bowel syndrome

ROCHE

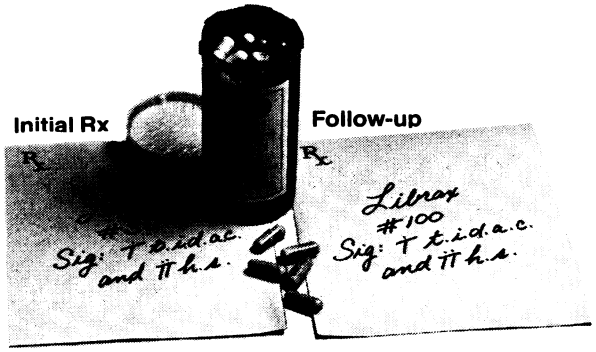
*This drug has been evaluated as possibly effective for this indication.
Please see following page for brief summary of prescribing information.

A CLEAR ADVANTAGE FOR PATIENTS WITH IRRITABLE BOWEL SYNDROME*

Adjunctive

LIBRAX®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.



The initial prescription allows evaluation of patient response to therapy.

Follow-up therapy with a prescription for a 2- to 3-week supply of medication usually helps maintain patient gains.

ONLY LIBRAX PROVIDES THE SPECIFIC ANTIANXIETY ACTION OF LIBRIUM® (chlordiazepoxide HCl) PLUS THE POTENT ANTISPASMODIC ACTION OF QUARZAN® (clidinium Br)

Please consult complete prescribing information, a summary of which follows:

* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.

Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Physical and psychological dependence rarely reported on recommended doses, but use caution in administering Librium® (chlordiazepoxide HCl) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions) reported following discontinuation of the drug.

***Usage in Pregnancy:* Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.**

As with all anticholinergics, inhibition of lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established.

Adverse Reactions: No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

Dosage: Individualize for maximum benefit. Usual maintenance dose is 1-2 capsules, 3-4 times/day, before meals and at bedtime. Geriatric patients—see Precautions.

How Supplied: Available in green capsules, each containing 5 mg chlordiazepoxide HCl (Librium®) and 2.5 mg clidinium Br (Quarzan®)—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 50, singly and in trays of 10.

ROCHE

Roche Products Inc.
Manati, Puerto Rico 00701

BURROUGHS WELLCOME CO. MAKES CODEINE COMBINATION PRODUCTS.

YOU MAKE THE CHOICE.

EMPIRIN® COMPOUND c̄ CODEINE #3

Each tablet contains:
codeine phosphate, 32 mg (gr ½),
(Warning: May be habit-forming);
aspirin, 227 mg; phenacetin, 162 mg;
and caffeine, 32 mg.

C III

EMPRACET™ c̄ CODEINE #3

Each tablet contains:
codeine phosphate, 30 mg (gr ½),
(Warning: May be habit-forming);
and acetaminophen 300 mg.

C III

Wellcome

Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

What kind of person becomes a Navy physician?

Doctors just like you.

Contrary to what you may think, Navy doctors start their medical careers just like you. In a civilian setting.

In fact, if you look at the personal backgrounds, schooling and medical experience of each and every Navy physician, you'd be hard put to identify a typical Navy physician. Because Navy physicians come from all parts of the country, with a wide range of medical experience. From Park Avenue to Main Street, U.S.A. From interns, to doctors with 20 years' experience. In truth, the Navy physician is you.

But what makes a doctor become a Navy physician?

Lots of reasons.

A minimum of paperwork.

As a Navy physician, we feel your time is too valuable to spend on administrative details. So they're kept to a minimum. Instead, a highly trained staff of professionals attends to the paperwork. The result is that your time can be spent doing what you studied so hard for—practicing medicine.

A challenging practice.

And the practice you'll be given is as varied and challenging as any you'll find in a civilian setting. You'll be treating active duty, dependent and retired personnel—from infant care to geriatrics.

Responsibility.

The medical decisions you make will be yours and yours alone. There'll be no one looking over your shoulder offering second guesses or opinions. But when needed, professional consultation is always available.

Insurance.

The difference between civilian and military insurance is staggering. As a practicing Navy physician, you'll receive free professional liability protection under the Federal Tort Claims Act.

Other benefits.

There are plenty of other great benefits that go with being a Navy physician. Good pay—$30,000 to start, more depending on your experience. A family life with time for your family. The opportunity to further your training. Association with other highly motivated physicians. Even 30 days' paid vacation a year.

The best way to get all the facts is to mail the coupon, or call the Medical Recruiter, toll-free, at **800-841-8000.** (In Georgia, 800-342-5855. In these locations, call collect: Alaska, 272-9133, Puerto Rico, 724-4525.)

You owe it to yourself to get all the facts on a great way to practice medicine.

Be the doctor you want to be. In the Navy.

LT. J. D. TAYLOR, MSC, USNR
Navy Recruiting Area EIGHT
Building One, NAVSUPPACT T.I.
San Francisco, California 94130
Tel. (415) 765-5382 (collect)

B256

(H-1)

NAME _____
First (Please Print or Type) Last

STREET _____ CITY _____

STATE _____ ZIP _____ PHONE _____
(Area Code & No.)

† MEDICAL SCHOOL _____

‡ YEAR GRADUATED _____ DATE OF BIRTH _____

I AM INTERESTED IN (CHECK ONE):
- ☐ Flight Surgeon
- ☐ Undersea Medicine
- ☐ General Medical Officer
- ☐ Practicing My Specialty

*MY SPECIALTY (IF ANY) IS:
- ☐ Anesthesiology
- ☐ Family Practice
- ☐ Psychiatry
- ☐ Internal Medicine
- ☐ Neurology
- ☐ Radiology
- ☐ Pathology
- ☐ Pediatrics

STATUS ☐ (CHECK ONE):
- ☐ Private Practice
- ☐ Hospital Staff
- ☐ Intern
- ☐ Resident

WJM-2

COLBY PROCLAIMS WOMAN SUFFRAGE

Signs Certificate of Ratification at His Home Without Women Witnesses.

MILITANTS VEXED AT PRIVACY.

Wanted Movies of Ceremony, But Both Factions Are

WASHINGTON, Aug. 26, 1920—

Social Security Bill Is Signed; Gives Pensions to Aged, Jobl

Roosevelt Approves Message Intended to Benefit 30,00 Persons When States Adopt Cooperating Laws—He C the Measure 'Cornerstone' of His Economic Progra

WASHINGTON, Aug. 14. The Social Security Bill, pr a broad program of unempl insurance and old age pe and counted upon to benef 20,000,000 persons, became day when it was signed by dent Roosevelt in the pres those chiefly responsible f ting it thr ough

Mr. sevelt ca "the erstone wh eing me s

SENATE APPROVES 18-YEAR OLD VOTE IN ALL ELECTIONS

Amendment to Constitution is Sent to House, Where Passage is Expected

WASHINGTON, March 10, 1971—The Senate approved today 94 to 0 and sen

UL IGN

TRUMAN CLOSES TED NATIONS CONFEREN TH PLEA TO TRANSLATE CHARTER INTO DEEDS

NEW WORLD HOPE

President Hails 'Great Instrument of Peace,' Insists It Be Used

HISTORIC LANDMARK

Meeting Gives Standing Ovation as Executive Pictures Peace Gain

SAN FRANCISCO, June 26, 1945

"If we fail to use it," he declared to the solemn final meeting of the delegates, 'we shall betray all of those who have died in order that we might meet here in freedom and safety to create it.'

"If we seek to use it selfishly—for the advantage of any one nation or any small group of nations—we shall be equally guilty of that betrayal."

Fervent Interpolation

The President, speaking in the auditorium of the War Memorial Opera House, built in memory of sons of the Golden Gate city who gave their lives in the first World War, in which he himself served, seemed to give unconscious expression to the solemn feeling of the occasion when, at the outset of his speech, he interpolated the words, half a hope, half a prayer:

"Oh, what a great day this will be in history!"

Just before the plenary session the President accompanied the eight United States delegates to

the Draf Ends No

WASHINGTON, Jan. 27, 1973—"With the signing of the peace agreement in Paris today, and after receiving a report from the Secretary of the Army that he foresees no need for

PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.

The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.

The Advantages

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy —and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

The Disadvantages

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

The Solution

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.

PMA
THE PHARMACEUTICAL MANUFACTURERS ASSOCIATION
1155 FIFTEENTH ST., N. W., WASHINGTON, D. C. 20005

Clinical experience & continuing confidence

KAON® ELIXIR was introduced in **1954,** followed by KAON® TABLETS in **1963.** Decades of clinical experience indicate acceptability, effectiveness, and safety in the majority of patients; should abdominal pain occur, therapy should be discontinued. Both have been taken by patient after patient, day after day, year after year, to correct potassium deficiencies. Both have consistently demonstrated their value when diet alone is inadequate for potassium replacement.

Kaon® Elixir
(potassium gluconate)

Kaon® Tabs
(potassium gluconate)

BRIEF SUMMARY
Kaon Tablets/Kaon Elixir

KAON® (potassium gluconate) TABLETS

Description: Each sugar-coated tablet supplies 5 mEq. of elemental potassium (as potassium gluconate 1.17 Gm.). Kaon Tablets are sugar coated, not enteric coated, which favors dissolution in the stomach and absorption before reaching the small intestine where the lesions with enteric potassium chloride have occurred. The sugar coating merely adds to palatability and ease of swallowing, not to delay absorption as does the enteric coating.
Indications: Oral potassium therapy for the prevention and treatment of hypokalemia which may occur secondary to diuretic or corticosteroid administration. It may be used in the treatment of cardiac arrhythmias due to digitalis intoxication.
Contraindications: Severe renal impairment with oliguria or azotemia, untreated Addison's disease, adynamia episodica hereditaria, acute dehydration, heat cramps and hyperkalemia from any cause.
Warning: There have been several reports, published and unpublished, concerning nonspecific small-bowel lesions consisting of stenosis, with or without ulceration, associated with the administration of enteric-coated potassium tablets alone or when they are used with nonenteric-coated thiazides or certain other oral diuretics. These small-bowel lesions have caused obstruction, hemorrhage and perforation. Surgery was frequently required and deaths have occurred. Available information tends to implicate enteric-coated potassium salts, although lesions of this type also occur spontaneously. Therefore, coated potassium-containing formulations should be administered only when indicated and should be discontinued immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occur. Coated potassium tablets should be used only when adequate dietary supplementation is not practical.
Precautions: In response to a rise in the concentration of body potassium, renal excretion of potassium is increased. With normal kidney function it is difficult, therefore, to produce potassium intoxication by oral administration. However, potassium supplements must be administered with caution, since the amount of the deficiency or daily dosage is not accurately known. Frequent checks of the clinical status of the patient and periodic ECG and/or serum potassium levels should be made. High serum concentra

Time is the test of all things

s of potassium ion may cause death through iac depression, arrhythmias or arrest. This should be used with caution in the presence rdiac disease.

hypokalemic states, especially in patients salt-free diet, hypochloremic alkalosis is a ibility that may require chloride as well as ssium supplementation. In these circumces, Kaon (potassium gluconate) should be lemented with chloride. Ammonium chlois an excellent source of chloride ion (18.7 per Gram), but it should not be used in nts with hepatic cirrhosis where ammonium are contraindicated. Other sources for ride are sodium chloride and Diluted rochloric Acid, U.S.P.

should also be kept in mind that ammonium cation exchange resin, sometimes used to hyperkalemia, should not be administered to patients with hepatic cirrhosis.

Adverse Reactions: Nausea, vomiting, diarrhea and abdominal discomfort have been reported. The symptoms and signs of potassium intoxication include paresthesias of the extremities, flaccid paralysis, listlessness, mental confusion, weakness and heaviness of the legs, fall in blood pressure, cardiac arrhythmias and heart block. Hyperkalemia may exhibit the following electrocardiographic abnormalities: disappearance of the P wave, widening and slurring of QRS complex, changes of the S-T segment, tall peaked T waves, etc.

Overdosage: Potassium intoxication may result from overdosage of potassium or from therapeutic dosage in conditions stated under "Contraindications." Hyperkalemia, when detected, must be treated immediately because lethal levels can be reached in a few hours.

KAON® (potassium gluconate) ELIXIR

Description: Each 15 ml. (tablespoonful) supplies 20 mEq. of elemental potassium (as potassium gluconate, 4.68 Gm.) with saccharin and aromatics. Alcohol 5%.

Indications: See Kaon Tablets.

Precautions: See Kaon Tablets.

In hypochloremic alkalosis, potassium replacement with potassium chloride (e.g., Kaochlor® 10% Liquid) may be more advantageous than with other potassium salts.

Adverse Reactions: See Kaon Tablets.

Overdosage: See Kaon Tablets.

WARREN-TEED
LABORATORIES, INC.
DIVISION OF **ADRIA LABORATORIES INC.**
COLUMBUS, OHIO 43215

California Medical Association
107th Annual Session
Atop Nob Hill
March 17-22, 1978
San Francisco

SPECIAL PROGRAM

Tell it to the FDA

Saturday, March 18, 1978

2:00 to 5:00 p.m. • Masonic Temple Auditorium

The Food and Drug Administration is genuinely interested in establishing communication with practicing physicians. At the CMA Annual Session, high-level representatives of the FDA will conduct an open meeting with interested members of the CMA to foster this communication. Physicians are at the interface where the actions or interactions of the FDA have an effect upon patient care. This is an opportunity to "Tell it to the FDA."

1. Determine need

What is causing pain? How is it perceived by you and your patient?

2. Prescribe a rapid-acting agent

Select a readily-absorbed oral agent that usually acts within 15 to 30 minutes.

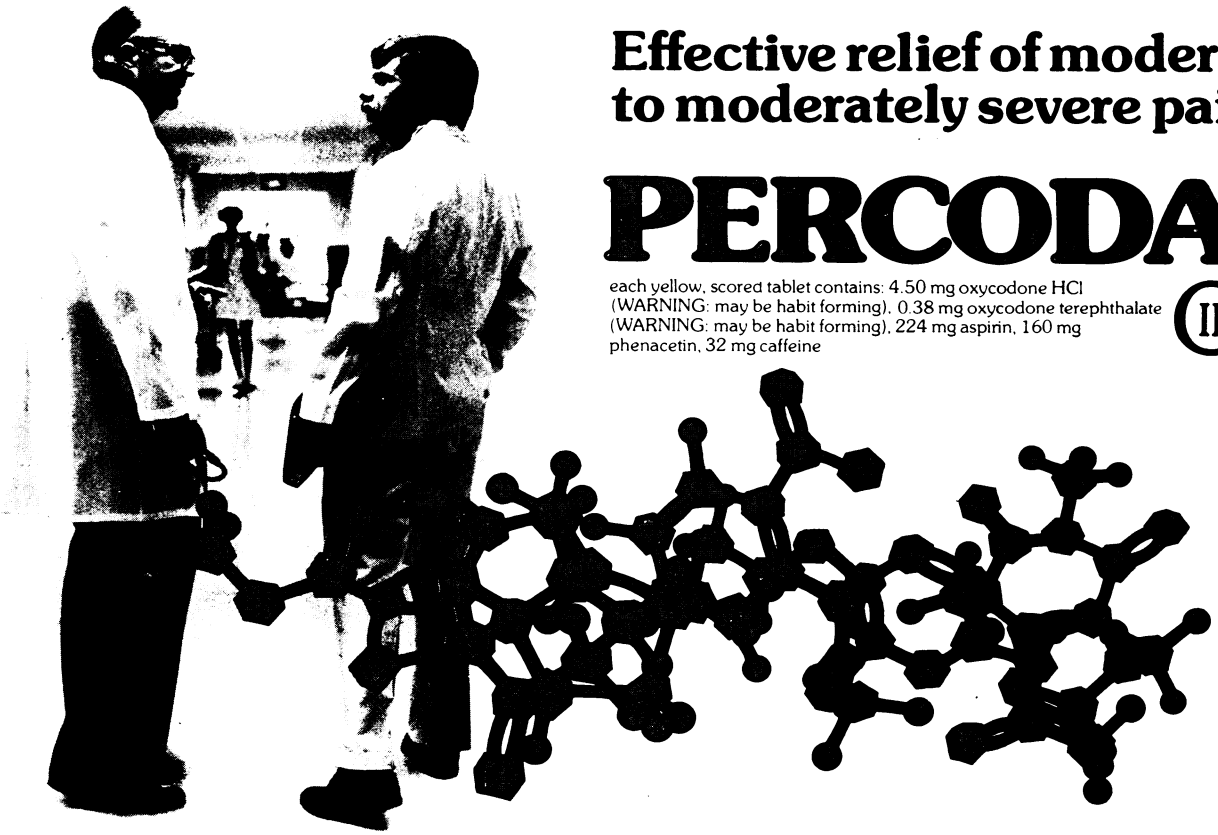
3. Minimize potential risk

Prescribe in limited quantities for selected patients.

Schedule II classification means no refills, no telephone Rx. Patients with persistent pain must return for your evaluation of analgesic needs.

4. Provide adequate analgesia with minimum doses

Consider PERCODAN® because patients rarely ask for increased dosage. PERCODAN® relief can last up to six hours–until time for next tablet.



Effective relief of moderate to moderately severe pain

Tablets

PERCODAN®

each yellow, scored tablet contains: 4.50 mg oxycodone HCl (WARNING: may be habit forming), 0.38 mg oxycodone terephthalate (WARNING: may be habit forming), 224 mg aspirin, 160 mg phenacetin, 32 mg caffeine

Ⓒ II

PERCODAN® is a registered trademark of Endo Inc.

Please see facing page for Brief Summary of prescribing information.


Breathline®
terbutaline sulfate
A second wind
for asthmatics

BRETHINE®
terbutaline sulfate

Geigy

It could mean a more active life for patients with reversible obstructive airways disease.

More effective
Brethine was more effective and longer acting than metaproterenol in a study of five patients with exercise-induced asthma.

Brethine has been shown to be highly effective alone and in combination with theophylline.

And Brethine has been shown to be twice as effective as ephedrine.

Long acting
Effect may last from 6 to 8 hours. One tablet at bedtime, upon arising and at midafternoon should keep patients breathing comfortably.

Minimal cardiac effect
Brethine produces proportionally greater changes in pulmonary function than in heart rate or blood pressure.

Tablets of 2.5 mg and 5 mg.
Some patients may experience mild hand tremor or "shakiness" when Brethine therapy is initiated. This may be minimized by starting patients with 2.5 mg doses.

Brethine®, brand of terbutaline sulfate, Tablets 5 mg., Tablets 2.5 mg. *Before prescribing or administering, please consult complete product information, a summary of which follows:*

Tablets contain 5 mg. (equivalent to 4.1 mg. of free base) or 2.5 mg. (equivalent to 2.05 mg. of free base) of Brethine, brand of terbutaline sulfate.

Indications: As a bronchodilator for bronchial asthma and for reversible bronchospasm which may occur in association with bronchitis and emphysema.

Contraindications: Known hypersensitivity to sympathomimetic amines.

Warnings: *Usage in Pregnancy:* The safety of the use of Brethine, brand of terbutaline sulfate, in human pregnancy has not been established. The use of the drug in pregnancy, lactation, or women of childbearing potential requires that the expected therapeutic benefit of the drug be weighed against its possible hazards to the mother or child.

Usage in Pediatrics: Brethine, brand of terbutaline sulfate, tablets are not presently recommended for children below the age of twelve years due to insufficient clinical data in this pediatric group.

Precautions: Brethine, brand of terbutaline sulfate, should be used with caution in patients with diabetes, hypertension, and hyperthyroidism. As with other sympathomimetic bronchodilator agents, Brethine, brand of terbutaline sulfate, should be administered cautiously to cardiac patients, especially those with associated arrhythmias. Although the concomitant use of Brethine, brand of terbutaline sulfate, with other sympathomimetic agents is not recommended, the use of an aerosol bronchodilator of the adrenergic stimulant type for the relief of an acute bronchospasm is not precluded in patients receiving chronic oral Brethine, brand of terbutaline sulfate, therapy.

Adverse Reactions: Commonly observed side effects include nervousness and tremor. Other reported reactions include headache, increased heart rate, palpitations, drowsiness, nausea, vomiting, and sweating. These reactions are generally transient in nature, usually do not require treatment, and appear to diminish in frequency with continued therapy. In general, all the side effects observed are characteristic of those commonly seen with sympathomimetic amines.

How Supplied: Round, scored, white tablets of 5 mg. in bottles of 100 and 1,000 and Unit Dose Packages of 100; oval, scored, white tablets of 2.5 mg. in bottles of 100.

(B) 98-146-060-E (Rev. 4/76)667004 C76-12

GEIGY Pharmaceuticals
Division of CIBA-GEIGY Corporation
Ardsley, New York 10502

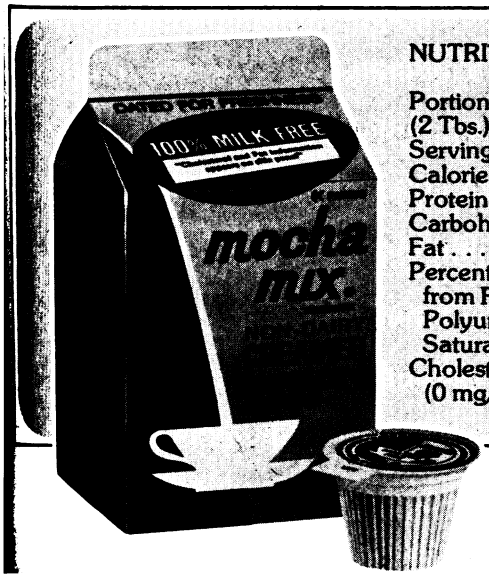
Brethine: alone or with theophylline, a second wind for asthmatics.

Personally, Steve could never speak up for milk.

In TV commercials, you'll often see people speaking up for milk. Steve Allen and his wife Jayne Meadows are also seen on TV telling viewers about Mocha Mix... 100% milk free!

Matter of fact, this non-dairy creamer would have been found in their home way before they ever filmed the Mocha Mix series of commercials. Steve is allergic to milk products. Yet, he likes the splash of luxury and fresh taste in his coffee, on cereal, fruit and dessert, even in cooking. For the Allen household, Mocha Mix is the perfect answer.

It could well be the answer for many people who rely on you for their dietary needs, those with an allergy similar to Steve's, or a lactose intolerance. And, for many who must maintain a fat-restricted diet you should know that Mocha Mix is one non-dairy creamer that contains no coconut oil, giving it the highest ratio of unsaturated to saturated fat of any creamer. It easily exceeds the accepted standard 2:1 ratio. It's 100% cholesterol free, too. No wonder Mocha Mix is not just another non-dairy creamer, but the one you can rely on most for your patients who can't speak for milk, either.



NUTRITION INFORMATION

Portion Size 1 Fluid Ounce (2 Tbs.)	
Servings Per Container	16
Calories	40
Protein	0 grams
Carbohydrate	3 grams
Fat	3 grams
Percent of Calories from Fat	73%
Polyunsaturated Fat	1 gram
Saturated Fat	0 grams
Cholesterol (Δ) (0 mg/100g)	0 mg

In addition to the pint and quart size found in the dairy case of most grocery stores, Mocha Mix is available in 4 ounce and ½ oz. portion packs for hospitals and institutions.

Interested? Send us a note and we will send you a supply of coupons your patients can redeem at their grocers. Hospital service may also be supplied upon request. Mail to: Mocha Mix Dept. Presto Food Products, Inc. P.O. Box No. 21908, Los Angeles, Calif. 90021

Percentage of U.S. Recommended Daily Allowance (U.S. RDA)*

*Contains less than 2% of the U.S. RDA of Protein, Vitamin A, Vitamin C, Thiamine, Riboflavin, Niacin, Calcium, Iron.

Δ Information on fat and cholesterol content is provided for individuals who, on the advice of a physician, are modifying their total dietary intake of fat and cholesterol.

mocha mix®

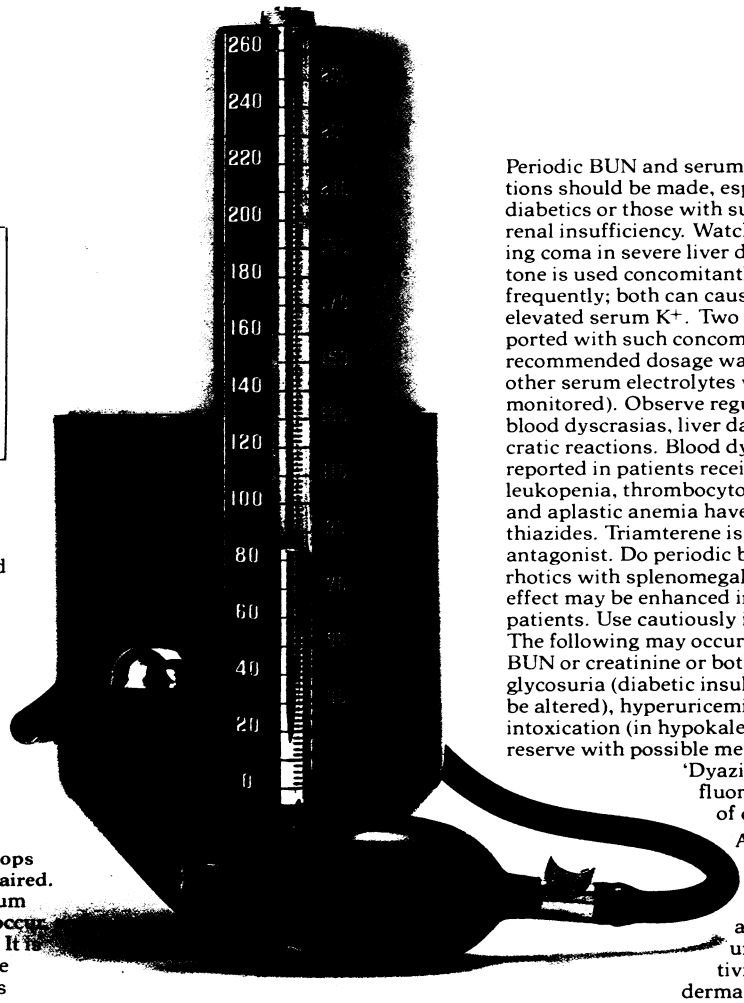
... the non-dairy creamer that's lowest in saturated fat.

TRIAMTERENE CONSERVES POTASSIUM WHILE HYDROCHLOROTHIAZIDE LOWERS BLOOD PRESSURE

DYAZIDE®

Each capsule contains 50 mg. of Dyrenium® (triamterene, SK&F Co.) and 25 mg. of hydrochlorothiazide.

MAKES SENSE



Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

* **Warning**
This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

* **Indications:** When the combination represents the dosage determined by titration: Adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, the nephrotic syndrome. Corticosteroid and estrogen-induced edema, idiopathic edema; hypertension, when the potassium sparing action of triamterene is warranted. (See Box Warning.) Routine use of diuretics in healthy pregnant women is inappropriate; they are indicated in pregnancy only when edema is due to pathological causes.

Contraindications: Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K^+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake. **Associated widened QRS complex or arrhythmia requires prompt additional therapy.** Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K^+ frequently; both can cause K^+ retention and elevated serum K^+. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

FOR LONG-TERM CONTROL OF HYPERTENSION.* SERUM K^+ AND BUN SHOULD BE CHECKED PERIODICALLY. (SEE WARNINGS SECTION.)

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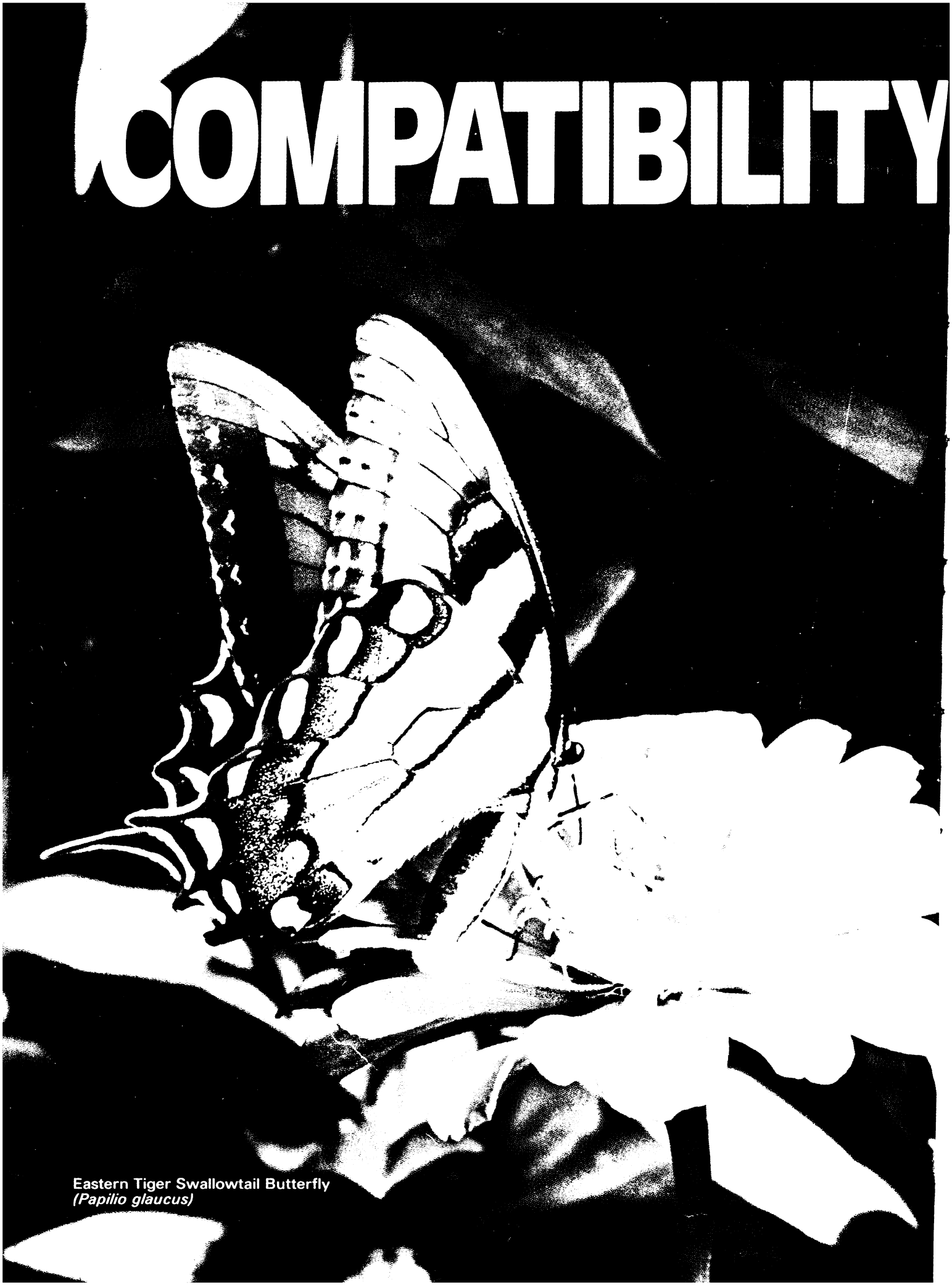

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oes it influence your choice of peripheral/cerebral vasodilator*?

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odilan has not been reported to affect the course of coexisting disease; it has been reported to affect blood sugar levels or to raise intraocular pressure.

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odilan has not been reported to affect the treatment of coexisting disease; compatible with such drugs as hypoglycemics and miotics.

sodilan—compatible with your total regimen for scular insufficiency

odilan can be a valuable adjunct in planning a total therapeutic program for cular insufficiency.

ations: Based on a review of this drug by the National Academy of nces-National Research Council and/or other information, the FDA has ified the indications as follows:
ibly Effective:
r the relief of symptoms associated with cerebral vascular insufficiency.
peripheral vascular disease of arteriosclerosis obliterans, thromangitis obliterans (Buerger's Disease) and Raynaud's disease.
classification of the less-than-effective indications requires further ingation.

sition: Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.
lan injection, isoxsuprine HCl, 5 mg., per ml.
and Administration: Oral: 10 to 20 mg., three or four times daily.
uscular: 5 to 10 mg. (1 or 2 ml.) two or three times daily. Intramuscular stration may be used initially in severe or acute conditions.
ndications and Cautions: There are no known contraindications to oral en administered in recommended doses. Should not be given immediately rtum or in the presence of arterial bleeding.

Parenteral administration is not recommended in the presence of hypotension or tachycardia.

Intravenous administration should not be given because of increased likelihood of side effects.

Adverse Reactions: On rare occasions oral administration of the drug has been associated in time with the occurrence of hypotension, tachycardia, nausea, vomiting, dizziness, abdominal distress, and severe rash. If rash appears the drug should be discontinued.

Although available evidence suggests a temporal association of these reactions with isoxsuprine, a causal relationship can be neither confirmed nor refuted.

Administration of single dose of 10 mg. intramuscularly may result in hypotension and tachycardia. These symptoms are more pronounced in higher doses. For these reasons single intramuscular doses exceeding 10 mg. are not recommended. Repeated administration of 5 to 10 mg. intramuscularly at suitable intervals may be employed.

Supplied: Tablets, 10 mg., bottles of 100, 1000, 5000 and Unit Dose; Tablets, 20 mg., bottles of 100, 500, 1000, 5000 and Unit Dose; Injection, 10 mg. per 2 ml. ampul, box of six 2 ml. ampuls.

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SOXSUPRINE HCl)

mg q.i.d. recommended dosage

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Precautions: Do not administer more frequently than every 6 hours, or within 12 hours after rectal dose of any preparation containing theophylline or aminophylline. Do not give other xanthine derivatives concurrently. Use in case of pregnancy only when clearly needed.
Adverse Reactions: Theophylline may exert some stimulating effect on the central nervous system. Its administration may cause local irritation of the gastric mucosa, with possible gastric discomfort, nausea and vomiting. The frequency of adverse reactions is related to the serum theophylline level and are not usually a problem at serum theophylline levels below 20μg/ml.
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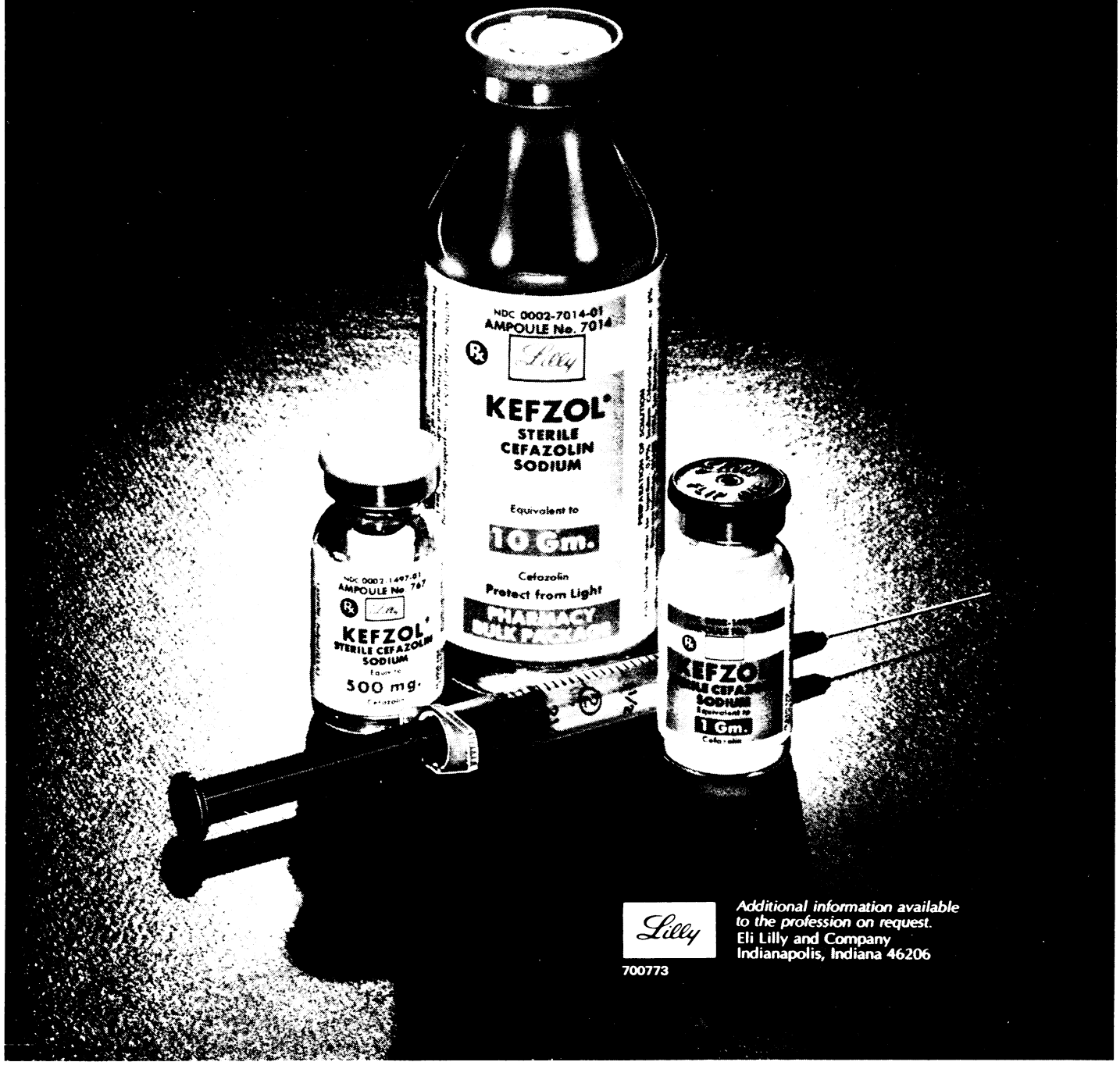

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(Continued on Page 24)

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(Continued from Page 22)

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PHYSICIANS WANTED—Beverly Hills, Calif.—OPHTHALMOLOGIST interested in having a well-trained man to share space in office, who is interested, ultimately, toward a partnership or eventually succeeding to this practice on mutually acceptable terms. Contact Box No. 5964, Western Journal of Medicine, 731 Market Street, San Francisco, CA 94103.

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In every Congress about 10% of all legislation introduced is health related — some 2,500 bills and the number is increasing every year. The AMA lobyists serve as the profession's eyes, ears, and voice on the Hill. Keeping in day-to-day contact with the members of Congress and their staffs. Explaining and promoting the profession's views. Reporting on legislation. And providing legislators with resource material and information on medical and health subjects.

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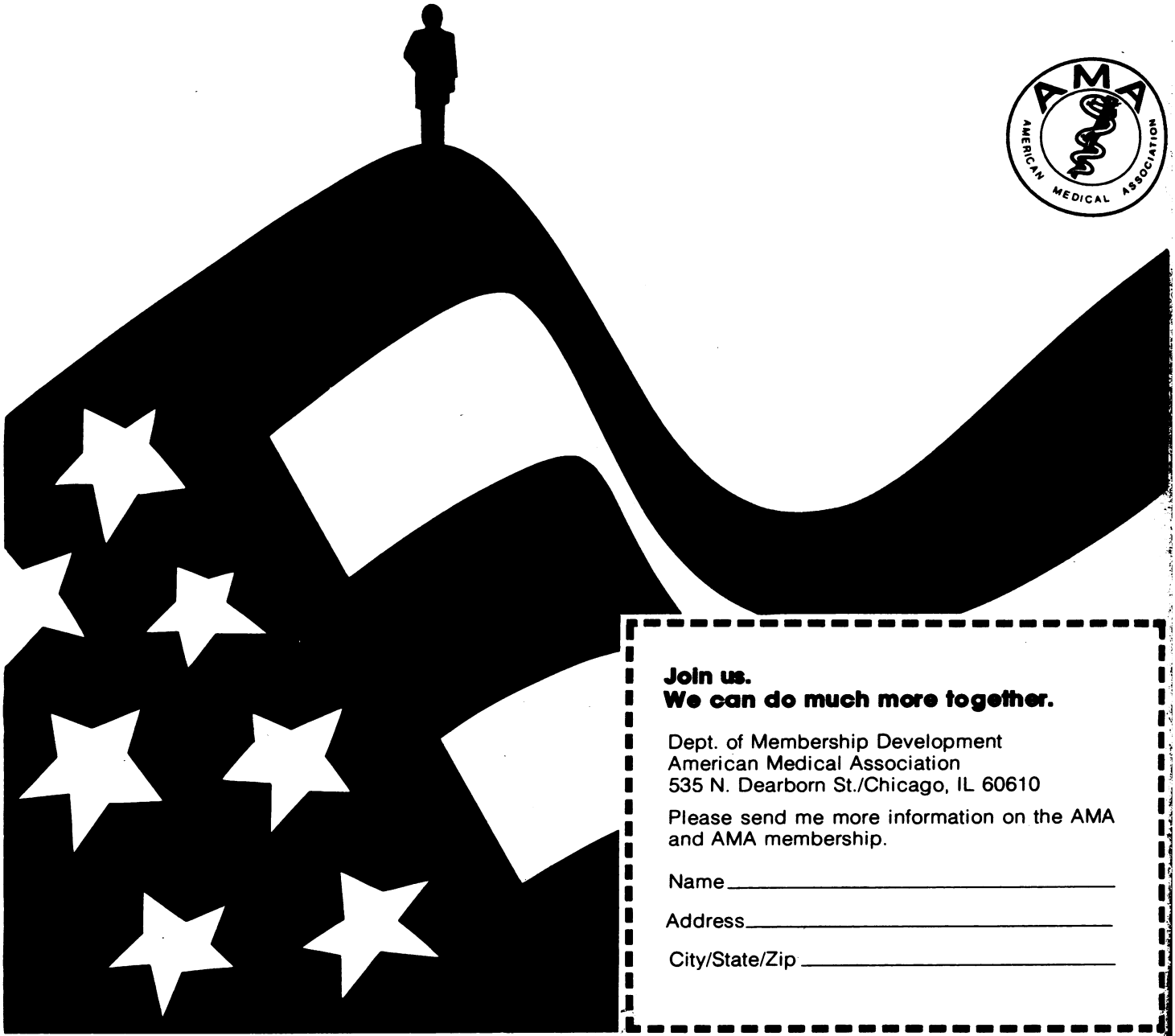

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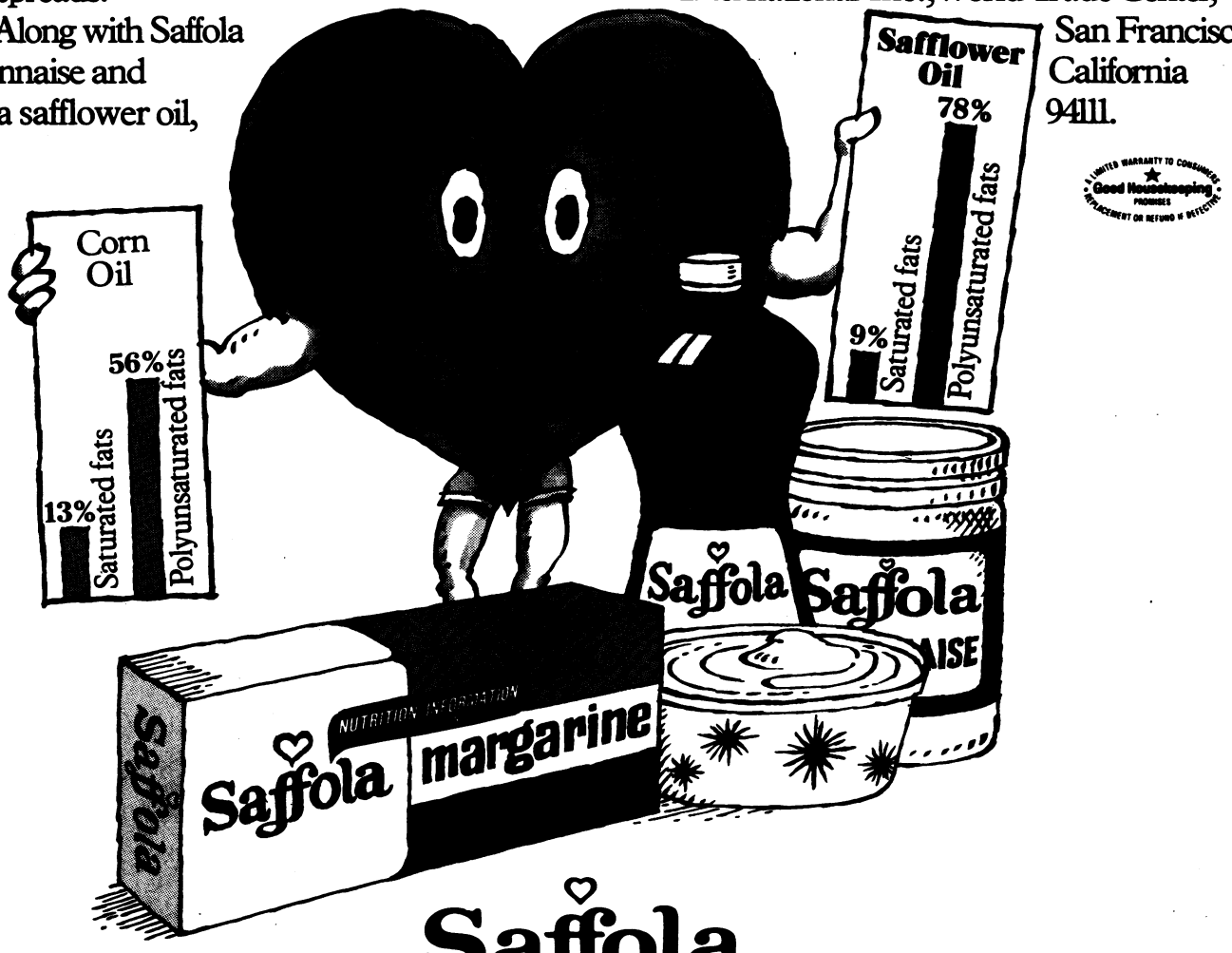

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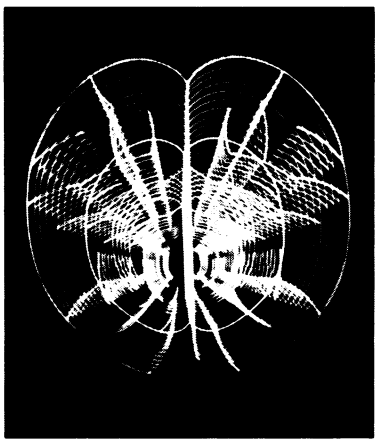

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Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).
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Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.
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Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.
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